



Backflow Preventer (RPZ) Test Report

Please print or type all information.

Owner's Name _____

Site Address _____

Contact Person (if different than owner) _____

Device Information

Device Make & Model _____ Size _____ Serial No. _____

Device Location _____

What does device serve? _____

Test Report

	Check Valve #1	Check Valve #2	Pressure Difference Across #1 Check Valve	Pressure Difference When Relieved	Strainer
Test Before Repairs	Leaked	Leaked	_____PSI	_____PSI	None
	Closed	Closed	_____PSI	_____PSI	CInd
Final Test	Closed	Closed	_____PSI	_____PSI	

Describe repair made.

Certification

I hereby certify the foregoing data to be correct and that the tested device is functioning within the limits of the standards.

X Signature of Certified Tester _____ Date _____

Tester Name _____ Certificate No. _____

Address _____ Phone _____